



Biopsychosocial Group Therapy for the Treatment of Psychogenic Nonepileptic Seizures (PNES)

Abstract:

The treatment of psychogenic nonepileptic seizures (PNES) has limitations in children and adolescents with chronic and severe mental illness or chronic PNES episodes. An individualistic approach to treating PNES with a focus on the biomedical model only considers biological factors of a physical illness and excludes mental health, social/familial stress, and environmental contributors. Treatment using a biopsychosocial framework for multifamily process groups provides opportunity for attunement, family process, and community support by peers and families with PNES and other chronic illnesses. This presentation explores how the application of a biopsychosocial systems approach like that of MEND and its use of multifamily groups act as a benefit for PNES through peer process, and systemic change through multiple ecological layers.

What is PNES?

Psychogenic non-epileptic seizures (PNES) can be defined as movements, experiences, or sensations that parallel symptoms of epilepsy which are not associated with any form of cerebral discharge (Santos, et al. 2014)

Background:

- Typical Tx begins with pharmacological interventions and v-EEG (video-electroencephalogram)
- Psych referrals made when neurological origins are not supported by medical examination
- Studies have shown over 83 % had comorbid anxiety, and 43% had depression (Plioplys et al., 2016)
- 20-30% of patients are diagnosed with both neurologic epilepsy and PNES (Yerdelen & Altintas, 2016)
- Common Tx approaches are psychoeducational, behavioral, & psychodynamic (Barry, et al., 2008)
- Tx integrating the mind and body is likely to help regulate PNES (Karterud, Risor, & Haavet, 2015)

Etiology of PNES:

- Neurophysiologically, perceived threats and stressful stimulus (physical or psychological) activate responses in both the brain and the body (Kozłowska, et al., 2018).
- School difficulties & fears are most common, in 46% of cases (Verotti et al., 2009; Vincentiis et al., 2006; Patel et al., 2007)
- Family stress and discord is a close second with a 42-44% occurrence (Wyllie et al., 1999; Patel et al. 2009).
- 26% of children with PNES have a fear of rejection or a need for attention (Bhata & Sapra, 2005)

Need and Expression:

- A child engages in Bx to support a need of attention, avoidance, power, or revenge (March & Horner, 2007)
- Maladaptive Bxs to meet a need can be overt (conscious), or covert (below consciousness) (Mlodinow, 2012)
- Congruency is when expression of current emotions matches experienced emotions (Suslow, et al., 2010)
- Implicit memory states contain memories and emotions at an unconscious level (Sloboda, 2013)

Biopsychosocial Approach:

- Mind-body connection integrated the cognitive, psychological, and emotional processes to create congruence, reducing the need for PNES activity to express and meet needs within the system
- Processing of the emotional expression completed in the intervention allows for integration of the right-brain implicit emotional memory with the verbal expressive capabilities of left (van der Kolk, 2015)
- MEND uses a biopsychosocial framework in a peer and multifamily group setting to address the special needs of the chronically ill in a way to address stressors in multiple ecological levels, as well as to address personal emotions and illness meanings that trigger stress responses. (Tapanes, et al., 2014)



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